PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			4					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	ı	BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			リ minus 20=		*	0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			∫ mi	nus 3 =	*	0		X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT	 				+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	L	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II							OTHER THAN					
(Column 1)			,	(Colum		(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MU	JUIPLE DEF	PENDENT	CLAIM		1	+145=		OR	+290=	
								TOTAL DDIT. FEE		ا	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	0. 414	=		X43=		OR	X86=	
L_	FIRST PRESE	NTATION OF MU	JLI IPLE DEF	ENDEN	CLAIM		1	+145=		OR	+290=	
							, L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	01.4144	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE									:		TOTAL	
		mber Previously Pa mber Previously Pa					- Al	DDIT. FEE		OR ,	ADDIT. FEE	L
		ber Previously Pai					r four	nd in the app	ropriate box	in col	umn 1.	